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Informational Bulletin 09-23

Regulations:

114.3 CMR 16.00 Surgery and Related Anesthesia Services

114.3 CMR 17.00 Medicine

114.3 CMR 18.00 Radiology

December 18, 2009 (Effective date January 1, 2010)

CPT/HCPCS 2010 Coding Updates

In accordance with 114.3 CMR 16.01(4), 17.01(4), and 18.01(4), the following coding changes are effective on January 1, 2010. The following list specifies those codes that are added and codes that are deleted, with crosswalks to new codes that replace corresponding deleted codes. Codes with one-to-one crosswalks to deleted codes are reimbursed at the current payment rate of the deleted codes. Codes with one-to-one crosswalks to existing codes are reimbursed at the current payment rate of the existing codes. For codes with multiple crosswalks, rates for the 2010 additions are calculated according to the rate methodology used in setting physician rates. All other codes in this bulletin that require pricing are reimbursed at individual consideration (I.C.). Rates listed in this informational bulletin are applicable until revised rates are issued by the Division. Deleted codes will no longer be available for use after 2009.

114.3 CMR 16.00 Added Codes:

CODE	DESCRIPTOR
14301	Adjacent tissue transfer or rearrangement, any area; defect 30.1 sq cm to 60.0 sq cm
14302	Adjacent tissue transfer or rearrangement, any area; each additional 30.0 sq cm, or part thereof (List separately in addition to code for primary procedure)
21011	Excision, tumor, soft tissue of face or scalp, subcutaneous; less than 2 cm
21012	Excision, tumor, soft tissue of face or scalp, subcutaneous; 2 cm or greater
21013	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); less than 2 cm
21014	Excision, tumor, soft tissue of face and scalp, subfascial (eg, subgaleal, intramuscular); 2 cm or greater
21016	Radical resection of tumor (eg, malignant neoplasm), soft tissue of face or scalp; 2 cm or greater
21552	Excision, tumor, soft tissue of neck or anterior thorax, subcutaneous; 3 cm or greater
21554	Excision, tumor, soft tissue of neck or anterior thorax, subfascial (eg, intramuscular); 5 cm or greater
21558	Radical resection of tumor (eg, malignant neoplasm), soft tissue of neck or anterior thorax; 5 cm or greater
21931	Excision, tumor, soft tissue of back or flank, subcutaneous; 3 cm or greater
21932	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); less than 5 cm

CODE	DESCRIPTOR
21933	Excision, tumor, soft tissue of back or flank, subfascial (eg, intramuscular); 5 cm or greater
21936	Radical resection of tumor (eg, malignant neoplasm), soft tissue of back or flank; 5 cm or greater
22901	Excision, tumor, soft tissue of abdominal wall, subfascial (eg, intramuscular); 5 cm or greater
22902	Excision, tumor, soft tissue of abdominal wall, subcutaneous; less than 3 cm
22903	Excision, tumor, soft tissue of abdominal wall, subcutaneous; 3 cm or greater
22904	Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; less than 5 cm
22905	Radical resection of tumor (eg, malignant neoplasm), soft tissue of abdominal wall; 5 cm or greater
23071	Excision, tumor, soft tissue of shoulder area, subcutaneous; 3 cm or greater
23073	Excision, tumor, soft tissue of shoulder area, subfascial (eg, intramuscular); 5 cm or greater
23078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of shoulder area; 5 cm or greater
24071	Excision, tumor, soft tissue of upper arm or elbow area, subcutaneous; 3 cm or greater
24073	Excision, tumor, soft tissue of upper arm or elbow area, subfascial (eg, intramuscular); 5 cm or greater
25071	Excision, tumor, soft tissue of forearm and/or wrist area, subcutaneous; 3 cm or greater
25073	Excision, tumor, soft tissue of forearm and/or wrist area, subfascial (eg, intramuscular); 3 cm or greater
25078	Radical resection of tumor (eg, malignant neoplasm), soft tissue of forearm and/or wrist area; 3 cm or greater
26111	Excision, tumor or vascular malformation, soft tissue of hand or finger, subcutaneous; 1.5 cm or greater
26113	Excision, tumor, soft tissue, or vascular malformation, of hand or finger, subfascial (eg, intramuscular); 1.5 cm or greater
26118	Radical resection of tumor (eg, malignant neoplasm), soft tissue of hand or finger; 3 cm or greater
27043	Excision, tumor, soft tissue of pelvis and hip area, subcutaneous; 3 cm or greater
27045	Excision, tumor, soft tissue of pelvis and hip area, subfascial (eg, intramuscular); 5 cm or greater
27059	Radical resection of tumor (eg, malignant neoplasm), soft tissue of pelvis and hip area; 5 cm or greater
27337	Excision, tumor, soft tissue of thigh or knee area, subcutaneous; 3 cm or greater
27339	Excision, tumor, soft tissue of thigh or knee area, subfascial (eg, intramuscular); 5 cm or greater
27364	Radical resection of tumor (eg, malignant neoplasm), soft tissue of thigh or knee area; 5 cm or greater
27616	Radical resection of tumor (eg, malignant neoplasm), soft tissue of leg or ankle area; 5 cm or greater
27632	Excision, tumor, soft tissue of leg or ankle area, subcutaneous; 3 cm or greater
27634	Excision, tumor, soft tissue of leg or ankle area, subfascial (eg, intramuscular); 5 cm or greater
28039	Excision, tumor, soft tissue of foot or toe, subcutaneous; 1.5 cm or greater
28041	Excision, tumor, soft tissue of foot or toe, subfascial (eg, intramuscular); 1.5 cm or greater
28047	Radical resection of tumor (eg, malignant neoplasm), soft tissue of foot or toe; 3 cm or greater
29581	Application of multi-layer venous wound compression system, below knee
31626	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with placement of fiducial markers, single or multiple
31627	Bronchoscopy, rigid or flexible, including fluoroscopic guidance, when performed; with computer-assisted, image-guided navigation (List separately in addition to code for primary procedure[s])
32552	Removal of indwelling tunneled pleural catheter with cuff
32553	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-thoracic, single or multiple
32561	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); initial day
32562	Instillation(s), via chest tube/catheter, agent for fibrinolysis (eg, fibrinolytic agent for break up of multiloculated effusion); subsequent day
33782	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); without coronary ostium reimplantation
33783	Aortic root translocation with ventricular septal defect and pulmonary stenosis repair (ie, Nikaidoh procedure); with reimplantation of 1 or both coronary ostia
33981	Replacement of extracorporeal ventricular assist device, single or biventricular, pump(s), single or each pump
33982	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, without cardiopulmonary bypass

CODE	DESCRIPTOR
33983	Replacement of ventricular assist device pump(s); implantable intracorporeal, single ventricle, with cardiopulmonary bypass
36147	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); initial access with complete radiological evaluation of dialysis access, including fluoroscopy, image documentation and report (includes access of shunt, injection[s] of contrast, and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava)
36148	Introduction of needle and/or catheter, arteriovenous shunt created for dialysis (graft/fistula); additional access for therapeutic intervention (List separately in addition to code for primary procedure)
37761	Ligation of perforator vein(s), subfascial, open, including ultrasound guidance, when performed, 1 leg
43281	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; without implantation of mesh
43282	Laparoscopy, surgical, repair of paraesophageal hernia, includes fundoplasty, when performed; with implantation of mesh
43775	Laparoscopy, surgical, gastric restrictive procedure; longitudinal gastrectomy (ie, sleeve gastrectomy)
45171	Excision of rectal tumor, transanal approach; not including muscularis propria (ie, partial thickness)
45172	Excision of rectal tumor, transanal approach; including muscularis propria (ie, full thickness)
46707	Repair of anorectal fistula with plug (eg, porcine small intestine submucosa [SIS])
49411	Placement of interstitial device(s) for radiation therapy guidance (eg, fiducial markers, dosimeter), percutaneous, intra-abdominal, intra-pelvic (except prostate), and/or retroperitoneum, single or multiple
51727	Complex cystometrogram (ie, calibrated electronic equipment); with urethral pressure profile studies (ie, urethral closure pressure profile), any technique
51728	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure), any technique
51729	Complex cystometrogram (ie, calibrated electronic equipment); with voiding pressure studies (ie, bladder voiding pressure) and urethral pressure profile studies (ie, urethral closure pressure profile), any technique
53855	Insertion of a temporary prostatic urethral stent, including urethral measurement
57426	Revision (including removal) of prosthetic vaginal graft, laparoscopic approach
63661	Removal of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63662	Removal of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
63663	Revision including replacement, when performed, of spinal neurostimulator electrode percutaneous array(s), including fluoroscopy, when performed
63664	Revision including replacement, when performed, of spinal neurostimulator electrode plate/paddle(s) placed via laminotomy or laminectomy, including fluoroscopy, when performed
64490	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; single level
64491	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; second level (List separately in addition to code for primary procedure)
64492	Injection(s), diagnostic or therapeutic agent, paravertebral facet (zygapophyseal) joint (or nerves innervating that joint) with image guidance (fluoroscopy or CT), cervical or thoracic; third and any additional level(s) (List separately in addition to code for primary procedure)
88387	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); each tissue preparation (eg, a single lymph node)
88388	Macroscopic examination, dissection, and preparation of tissue for non-microscopic analytical studies (eg, nucleic acid-based molecular studies); in conjunction with a touch imprint, intraoperative consultation, or frozen section, each tissue preparation (eg, a single lymph node) (List separately in addition to code for primary procedure)

114.3 CMR 16.00 Deleted Codes:

CODE	DESCRIPTOR
01632	Anesthesia for open or surgical arthroscopic procedures on humeral head and neck, sternoclavicular joint, acromioclavicular joint, and shoulder joint; radical resection
14300	Adjacent tissue transfer or rearrangement, more than 30 sq cm, unusual or complicated, any area
23221	Radical resection of bone tumor, proximal humerus; with autograft (includes obtaining graft)
24151	Radical resection for tumor, shaft or distal humerus; with autograft (includes obtaining graft)
24153	Radical resection for tumor, radial head or neck; with autograft (includes obtaining graft)
26255	Radical resection, metacarpal (eg, tumor); with autograft (includes obtaining graft)
26261	Radical resection, proximal or middle phalanx of finger (eg, tumor); with autograft (includes obtaining graft)
27079	Radical resection of tumor or infection; ischial tuberosity and greater trochanter of femur, with skin flaps
29220	Strapping; low back
36145	Introduction of needle or intracatheter; arteriovenous shunt created for dialysis (cannula, fistula, or graft)
45170	Excision of rectal tumor, transanal approach
46210	Cryptectomy; single
46211	Cryptectomy; multiple (separate procedure)
46937	Cryosurgery of rectal tumor; benign
46938	Cryosurgery of rectal tumor; malignant
51772	Urethral pressure profile studies (UPP) (urethral closure pressure profile), any technique
51795	Voiding pressure studies (VP); bladder voiding pressure, any technique
63660	Revision or removal of spinal neurostimulator electrode percutaneous array(s) or plate/paddle(s)
64470	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, single level
64472	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; cervical or thoracic, each additional level (List separately in addition to code for primary procedure)
64475	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, single level
64476	Injection, anesthetic agent and/or steroid, paravertebral facet joint or facet joint nerve; lumbar or sacral, each additional level (List separately in addition to code for primary procedure)

114.3 CMR 16.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE
14300	14301, 14302
36145	36147, 36148
63660	63661, 63662, 63663, 63664

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
14301	\$832.24	\$692.37			

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
14302			\$176.77		
21011	\$253.06	\$193.96			
21012			\$262.86		
21013	\$388.34	\$308.80			
21014			\$404.59		
21016			\$804.18		
21552			\$345.95		
21554			\$565.88		
21558			\$1,057.64		
21931			\$361.11		
21932			\$518.85		
21933			\$570.17		
21936			\$1,098.48		
22901			\$508.09		
22902	\$334.99	\$262.49			
22903			\$338.70		
22904			\$789.39		
22905			\$1,023.64		
23071			\$322.18		
23073			\$531.96		
23078			\$1,064.51		
24071			\$313.09		
24073			\$535.19		
25071			\$328.57		
25073			\$410.94		
25078			\$860.14		
26111			\$321.06		
26113			\$422.61		
26118			\$822.08		
27043			\$360.47		
27045			\$572.06		
27059			\$1,390.39		
27337			\$323.14		
27339			\$578.75		
27364			\$1,201.12		
27616			\$983.13		
27632			\$319.35		
27634			\$518.32		
28039	\$379.68	\$263.10			
28041			\$345.68		
28047			\$718.14		
29581	\$73.06	\$24.83			
31626	\$351.62	\$164.14			
31627	\$1,020.30	\$79.80			
32552	\$142.96	\$124.76			
32553	\$488.80	\$157.29			
32561	\$74.58	\$55.10			

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
32562	\$66.27	\$49.35			
33782			\$2,496.63		
33783			\$2,697.78		
33981			I.C.		
33982			I.C.		
33983			I.C.		
36147	\$657.52	\$146.55			
36148	\$208.00	\$39.06			
37761			\$447.87		
43281			\$1,188.79		
43282			\$1,335.93		
43775			\$1,003.17		
45171			\$462.47		
45172			\$629.11		
46707			\$354.87		
49411	\$425.40	\$154.25			
51727			\$245.84	\$84.04	\$161.79
51728			\$245.76	\$83.00	\$162.75
51729			\$248.18	\$83.51	\$164.67
53855	\$567.59	\$63.98			
57426			\$666.34		
63661	\$448.72	\$239.87			
63662			\$542.41		
63663	\$654.99	\$362.47			
63664			\$564.23		
64490	\$134.29	\$84.79			
64491	\$64.59	\$47.99			
64492	\$65.55	\$48.95			
64493	\$122.36	\$72.21			
64494	\$58.25	\$41.01			
64495	\$59.21	\$41.97			
88387			\$31.60	\$24.68	\$6.91
88388			\$18.36	\$14.96	\$3.40

114.3 CMR 17.00 Added Codes:

CODE	DESCRIPTOR
90644	Meningococcal conjugate vaccine, serogroups C & Y and Hemophilus influenza b vaccine, tetanus toxoid conjugate (Hib-MenCY-TT), 4-dose schedule, when administered to children 2-15 months of age, for intramuscular use
90670	Pneumococcal conjugate vaccine, 13 valent, for intramuscular use
92540	Basic vestibular evaluation, includes spontaneous nystagmus test with eccentric gaze fixation nystagmus, with recording, positional nystagmus test, minimum of 4 positions, with recording, optokinetic nystagmus test, bidirectional foveal and peripheral stimulation, with recording, and oscillating tracking test, with recording
92550	Tympanometry and reflex threshold measurements

CODE	DESCRIPTOR
92570	Acoustic immittance testing, includes tympanometry (impedance testing), acoustic reflex threshold testing, and acoustic reflex decay testing
93750	Interrogation of ventricular assist device (VAD), in person, with physician analysis of device parameters (eg, drivelines, alarms, power surges), review of device function (eg, flow and volume status, septum status, recovery), with programming, if performed, and report
94011	Measurement of spirometric forced expiratory flows in an infant or child through 2 years of age
94012	Measurement of spirometric forced expiratory flows, before and after bronchodilator, in an infant or child through 2 years of age
94013	Measurement of lung volumes (ie, functional residual capacity [FRC], forced vital capacity [FVC], and expiratory reserve volume [ERV]) in an infant or child through 2 years of age
95905	Motor and/or sensory nerve conduction, using preconfigured electrode array(s), amplitude and latency/velocity study, each limb, includes F-wave study when performed, with interpretation and report

CODE	DESCRIPTOR
J0461	Injection, atropine sulfate, 0.01 mg
J0559	Injection, penicillin G benzathine and penicillin G procaine, 2500 units
J0586	Injection, abobotulinumtoxinA, 5 units
J0598	Injection, C1 esterase inhibitor (human), 10 units
J0718	Injection, certolizumab pegol, 1 mg
J0833	Injection, cosyntropin, not otherwise specified, 0.25 mg
J0834	Injection, cosyntropin (cortrosyn), 0.25 mg
J2562	Injection, plerixafor, 1 mg
J2793	Injection, rilonacept, 1 mg
J2796	Injection, romiplostim, 10 micrograms
J7325	Hyaluronan or derivative, synvisc or synvisc-one, for intra-articular
J9155	Injection, degarelix, 1 mg
J9171	Injection, docetaxel, 1 mg

114.3 CMR 17.00 Deleted Codes:

CODE	DESCRIPTOR
90379	Respiratory syncytial virus immune globulin (RSV-IgIV), human, for intravenous use
92569	Acoustic reflex testing; decay
99185	Hypothermia; regional
99186	Hypothermia; total body

CODE	DESCRIPTOR
J0460	Injection, atropine sulfate, up to 0.3 mg
J0530	Injection, penicillin G benzathine and penicillin G procaine, up to 600,000 units
J0540	Injection, penicillin G benzathine and penicillin G procaine, up to 1,200,000 units
J0550	Injection, penicillin G benzathine and penicillin G procaine, up to 2,400,000 units
J0835	Injection, cosyntropin, per 0.25 mg
J7322	Hyaluronan or derivative, Synvisc, for intra-articular injection, per dose
J9170	Docetaxel, 20 mg

114.3 CMR 17.00 Crosswalks and Rates:

For descriptions of the deleted codes and their respective replacement codes, please refer to the appropriate added or deleted code sections above.

DELETED CODE	REPLACEMENT CODE
92569	92570

REPLACEMENT CODE	NFAC Fee	FAC Fee	Global Fee	PC Fee	TC Fee
90644			I.C.		
90670			I.C.		
92540			\$76.31	\$61.74	\$14.58
92550			\$16.41		
93750	\$41.30	\$35.55			
94011			\$75.06		
94012			\$115.75		
94013			\$24.27		
95905			\$66.91	\$2.21	\$64.72

114.3 CMR 18.00 Added Codes:

CODE	DESCRIPTOR
74261	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; without contrast material
74262	Computed tomographic (CT) colonography, diagnostic, including image postprocessing; with contrast material(s) including non-contrast images, if performed
74263	Computed tomographic (CT) colonography, screening, including image postprocessing
75565	Cardiac magnetic resonance imaging for velocity flow mapping (List separately in addition to code for primary procedure)
75571	Computed tomography, heart, without contrast material, with quantitative evaluation of coronary calcium
75572	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology (including 3D image postprocessing, assessment of cardiac function, and evaluation of venous structures, if performed)
75573	Computed tomography, heart, with contrast material, for evaluation of cardiac structure and morphology in the setting of congenital heart disease (including 3D image postprocessing, assessment of LV cardi
75574	Computed tomographic angiography, heart, coronary arteries and bypass grafts (when present), with contrast material, including 3D image postprocessing (including evaluation of cardiac structure and morphology, assessment of cardiac function, and evaluation of venous structures, if performed)
75791	Angiography, arteriovenous shunt (eg, dialysis patient fistula/graft), complete evaluation of dialysis access, including fluoroscopy, image documentation and report (includes injections of contrast and all necessary imaging from the arterial anastomosis and adjacent artery through entire venous outflow including the inferior or superior vena cava), radiological
77338	Multi-leaf collimator (MLC) device(s) for intensity modulated radiation therapy (IMRT), design and construction per IMRT plan

CODE	DESCRIPTOR
78451	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78452	Myocardial perfusion imaging, tomographic (SPECT) (including attenuation correction, qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection
78453	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); single study, at rest or stress (exercise or pharmacologic)
78454	Myocardial perfusion imaging, planar (including qualitative or quantitative wall motion, ejection fraction by first pass or gated technique, additional quantification, when performed); multiple studies, at rest and/or stress (exercise or pharmacologic) and/or redistribution and/or rest reinjection

114.3 CMR 18.00 Deleted Codes:

CODE	DESCRIPTOR
75558	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification
75560	Cardiac magnetic resonance imaging for morphology and function without contrast material; with flow/velocity quantification and stress
75562	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification
75564	Cardiac magnetic resonance imaging for morphology and function without contrast material(s), followed by contrast material(s) and further sequences; with flow/velocity quantification and stress
75790	Angiography, arteriovenous shunt (eg, dialysis patient), radiological supervision and interpretation
78460	Myocardial perfusion imaging; (planar) single study, at rest or stress (exercise and/or pharmacologic), with or without quantification
78461	Myocardial perfusion imaging; multiple studies, (planar) at rest and/or stress (exercise and/or pharmacologic), and redistribution and/or rest injection, with or without quantification
78464	Myocardial perfusion imaging; tomographic (SPECT), single study (including attenuation correction when performed), at rest or stress (exercise and/or pharmacologic), with or without quantification
78465	Myocardial perfusion imaging; tomographic (SPECT), multiple studies (including attenuation correction when performed), at rest and/or stress (exercise and/or pharmacologic) and redistribution and/or rest injection, with or without quantification
78478	Myocardial perfusion study with wall motion, qualitative or quantitative study (List separately in addition to code for primary procedure)
78480	Myocardial perfusion study with ejection fraction (List separately in addition to code for primary procedure)

114.3 CMR 18.00 Rates:

REPLACEMENT CODE	Global Fee	PC Fee	TC Fee
74261	\$525.03	\$85.72	\$439.31
74262	\$588.04	\$94.12	\$493.92
74263	\$612.21	\$90.19	\$522.03
75565	\$79.68	\$9.86	\$69.82

REPLACEMENT CODE	Global Fee	PC Fee	TC Fee
75571	\$103.32	\$21.68	\$81.64
75572	\$112.36	\$66.49	\$45.87
75573	\$149.80	\$94.98	\$54.81
75574	\$501.28	\$90.71	\$410.57
75791	\$261.66	\$64.74	\$196.93
77338	\$400.13	\$177.02	\$223.11
78451	\$189.50	\$51.98	\$137.53
78452	\$327.47	\$61.57	\$265.91
78453	\$165.90	\$37.64	\$128.26
78454	\$157.76	\$49.94	\$107.83